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TRANSMITTAL FORM

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number 10/625,937
	Filing Date July 24, 2003
	First Named Inventor Michael Lebner
	Art Unit 3731
	Examiner Name Darwin P. Erezo
Total Number of Pages in This Submission 1	Attorney Docket Number 0156-2004US01

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard.
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Applicant: ClozeX Medical, LLC

Prior Application No.: 10/625,937

Prior Filing Date: July 24, 2003

Title: DEVICE FOR LACERATION OR INCISION CLOSURE

Docket No.: 0156-2004US01

Date Received by PTO:

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Initials *VMF*

Client/
Matter Name *ClozeX Medical*

Date *8/19/05*

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael Lebner

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Art Unit: 3731

Examiner: EREZO, Darwin P.

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AMENDMENT

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Dear Sir:

This paper is being filed in response to the Office Action mailed from the Patent Office on March 14, 2007. Please amend the subject patent application as described below.

Amendments to the Claims are reflected in the listing of claims which begin on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.